

OAKWOOD UNIVERSITY

Department of Nursing
Baccalaureate Degree Program
Generic Option
PROCEDURE FOR ADMISSION

Application

Submit a formal application to Oakwood University. Applications may be obtained from the Office of Admission (256/726-7356).

Submit a formal application to the Department of Nursing. Answer all questions. Be sure to SIGN the application.

ADMISSION REQUIREMENTS FOR THE GENERIC OPTION (4-YEAR) NURSING PROGRAM:

1. Admission by the college. Admission to the college does not guarantee admission to a specific department or program.
2. College cumulative GPA 3.00 or above on a four point scale.
3. ACT composite score of 17 or above, or SAT composite score of 840 or above. Satisfactory completion of developmental courses, identified by low ACT/SAT scores, with a grade of "C" (2.00) or above.
4. Demonstrated reading level at 12th grade, as indicated through diagnostic testing by the Center for Academic Success (CAS), or other testing centers.
5. Students having two failures (C- or less) in the hard sciences (biology, chemistry) or two failures in previous nursing courses are not eligible for admission to the nursing program.

Transcripts

Have official transcripts mailed directly from **high school(s)** and **EACH** college and/or university attended to the Department of Nursing. If GED has been completed, have official record of scores sent to the Department of Nursing.

References

Each applicant is required to supply three (3) references from individuals who are familiar with the applicant's academic background and/or character, preferably not a family member or peers. (Forms attached)

When the above requirements have been met and the applicant has been accepted he/she must submit the following:

1. Evidence of physical fitness by having an examination completed within the last year to include required immunizations, TB skin test or chest x-ray results and rubella vaccination as indicated.
2. Evidence of current CPR certification. Be prepared to submit card indicating expiration date prior to the beginning of clinical courses.

OAKWOOD UNIVERSITY

DEPARTMENT OF NURSING

APPLICATION FOR ADMISSION Baccalaureate Degree Program

Date of Application

Fall 200_____/Spring 200_____
Planned Semester for Admission

Name Last First Middle Social Security

Present or On-campus Address City State Zip Code

Permanent Address City State Zip Code

(_____) _____
Local Telephone

Birth Date

(_____) _____
Home Telephone

Email Address

Single____ Married____ No. children____ Separated____ Divorced____ Widow(er)____

Male____ Female____ Date of birth_____

Parents/Guardian Name Telephone

Parents/Guardian Address City State Zip Code

Do you have any prior nursing education? If yes, explain, listing schools and dates of attendance.

References:

Send references forms to the person qualified to give pertinent information as to your potential professional qualifications. You may include a teacher, and individual in a health profession, your employer or other similar professional person (DO NOT INCLUDE A RELATIVE OR PEER). You are responsible for seeing that these references are completed and sent to the individuals you select.

Name Address City State Zip Code

Name Address City State Zip Code

Name Address City State Zip Code

Signature Date

PERSONAL STATEMENT:

Please discuss the following items in essay form in the order given. This presentation will be evaluated on the basis of composition, clarity of thought, and sequence of ideas. Respond to all areas listed. Use additional paper if necessary.

1. Discuss the development of your interest in nursing: how your background and experience played a part in this development.
2. Describe your personal characteristics as they influence your individual and group interactions with particular emphasis on your personality, life interests (hobbies, sports, studies), and characteristics.
3. Write a brief statement on your reason for wanting to study nursing.

OAKWOOD UNIVERSITY

APPLICATION FOR ADMISSION Baccalaureate Degree Program

Recommendation Form

Last (Applicant's Name) First

Recommender (Please Print)

To the applicant: Under the Federal law entitled the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities and promise.

A signature is required for either statement A or statement B below, indicating waiver of right to inspect this letter of reference.

- A. I have waived by right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

Applicant's Signature

Date

- B. Referent is advised that I have retained my right to inspect this letter of reference and that, upon enrollment I may have access to this recommendation.

Applicant's Signature

Date

NOTE TO RECOMMENDER: You have been requested to complete this reference form. Your frank appraisal will assist in evaluating the applicant's qualifications. Please return the form as soon as possible. If you do not wish to evaluate this applicant, please indicate on item 8 and return the form. Applicant will be contacted to request an additional recommendation.

1. In what capacity and for how long have you known the applicant?
2. Describe observed strengths or weaknesses, evidence of maturity or immaturity.
3. Do you have reason to believe that the applicant has worthy and realistic professional goals? If not please explain.
4. Do you believe that a conservative Christian lifestyle is important to the applicant, and that he/she supports the standards of his/her church? (over please)

5. Please describe any personality, physical, or emotional characteristics that you feel may be important to the applicant's success in a professional program.

6. If you have other information that you feel would be significant in the evaluation of the applicant's qualifications, please provide that information in the space below.

7. In consideration of the total perspective, please give a final evaluation. If there are reservations, please explain.

<input type="checkbox"/> Highly recommend	<input type="checkbox"/> Recommend
<input type="checkbox"/> Recommend with reservations	<input type="checkbox"/> Do not recommend

8. _____ I do not feel that I can adequately evaluate this candidate and would prefer that the candidate seek a recommendation from another individual.

PLEASE RETURN THIS FORM TO:

Department of Nursing
 Oakwood University
 Department of Nursing
 7000 Adventist Blvd, NW
 Huntsville, AL 35896
 Fax: 256-726-8338

Signature _____
 Position _____
 Address _____

Date _____

 Applicant's Signature

 Date

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- C. I have waived by right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

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13. Please describe any personality, physical, or emotional characteristics that you feel may be important to the applicant's success in a professional program.

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- E. I have waived by right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

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Date

- F. Referent is advised that I have retained my right to inspect this letter of reference and that, upon enrollment I may have access to this recommendation.

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Date

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20. Do you believe that a conservative Christian lifestyle is important to the applicant, and that he/she supports the standards of his/her church? (over please)

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